

# Book Reviews

## Really Governing: How Health System and Hospital Boards Can Make More of a Difference

Dennis D. Pointer and Charles M. Ewell

Delmar Publishers, Albany, NY, 1994, 266 pp., \$42.95

IN THIS PERIOD OF RADICAL, FUNDAMENTAL change, healthcare leaders are reexamining everything to see if their approach is right for the new times. The roles and responsibilities at the leadership level of our organizations perhaps need to be reviewed as well. How can management

and trustees work together most efficiently? How does the organization need to relate to a new parent or network?

*Really Governing* by Dennis D. Pointer and Charles M. Ewell can help leaders find appropriate answers to these old questions. The authors bring many years of practical experience working on the issue of governance and clearly present their insights along with approaches readers can apply to their own situations.

The book's content ranges from theoretical concepts, such as the board's ultimate responsibilities and core roles, to practical applications, such as sample documents on assessment and conflicts of interest. The authors' approach recognizes the board's evolving role from a caretaker to the leadership role organizations need today.

Pointer and Ewell identify five areas of

ultimate responsibility and three core roles for the board. The five areas of responsibility are vision, mission, and goals; quality of care; executive performance; organizational financial health; and board performance. The three core roles are policy formulation, decision making, and oversight. The five responsibilities and the three roles form a matrix of 15 squares, and the book describes how, within each of these, relationships between the board and management can be decided. It shows ways for the board to delegate to management while maintaining its ultimate responsibility.

Clearly written and comprehensive, this book would serve every hospital and system as an excellent resource for both CEO and trustee.

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### BOOK BRIEFS

#### Managing Health Promotion: Developing Healthy Organizations And Communities

Ina Simnett, John Wiley & Sons,  
Chichester, England, 1995, 247 pp.,  
\$28.95 (paperback)

Training consultant and health educator Ina Simnett has parlayed her experience as a senior research fellow at Keele University and the National Health Service into a new book on transitioning from an illness-based healthcare model to a health promotion model. The book emphasizes how to create organizations and alliances that enhance health and quality of life, as well as the role of individual responsibility and caring for hard-to-reach groups.

#### The Politics of Health Legislation: An Economic Perspective, ed. 2

Paul J. Feldstein, Health Administration Press, Chicago, 1996, 320 pp., \$36 (paperback)

This book for students of health policy and economics presents the economic impact of healthcare legislation. Paul Feldstein, a professor at the Graduate School of Management, University of California, Irvine, sets out to demonstrate that legislative and regulatory outcomes in healthcare arise from individuals, groups, and legislators acting in their own self-interest. This updated edition includes discussion of proposed Medicare and Medicaid changes, deregulation and market competition, and healthcare reform.

### BOOKS RECEIVED

*Making Sense of Advance Directives*, revised edition, Nancy M. P. King, Georgetown University Press, Washington, DC, 1996

*Phantom Illness: Shattering the Myth of Hypochondria*, Carla Cantor with Brian A. Fallon, Houghton Mifflin, New York City, 1996

## Radical Surgery: What's Next for America's Health Care

Joseph A. Califano, Jr.

Times Books, New York City, 1995, 316 pp., \$24.50

MOST OF US REMEMBER JOSEPH CALIFANO, former secretary of Health, Education and Welfare (HEW) in the Carter administration, railing against rising healthcare costs, creating the Health Care Financing Administration (HCFA), and publicly confronting the tobacco industry. He is also known to many for his part in the development of Medicare and Medicaid and for his active support of private industry's efforts to contain healthcare costs. He attempts to establish his credentials as a worthy critic of healthcare based on more than 30 years' experience in "wrestling with America's health care

system," but in reality he views the system as an outsider, having never worked as a healthcare provider or manager.

Ignoring his own historical role in policy formation, Califano is highly critical of the healthcare establishment and its policymakers for creating our current situation. He believes that the system is broken and systemic reform in the mode of "radical surgery" is necessary to fix it. He also believes the need for reform is too important to leave in the hands of current decision makers; his book was written for the nonprovider in hopes that the consuming public will become more knowledgeable, responsible, and committed to change. But the book's title, presentation, concepts, and vocabulary are more likely to attract providers and health policymakers.

The book is organized into nine fragmented, somewhat redundant chapters. The flow of Califano's arguments is cumbersome and difficult to follow. The largest portion of the book is spent describing what is wrong with the current system and why systemic reform is needed. He frequently recites personal anecdotes and opinions to lay the healthcare crisis at the feet of almost everyone who delivers care or influences healthcare policy. The extensive bibliography (by chapter) does not clearly support Califano's unqualified opinions. Nevertheless, the book's comprehensive index is cross-referenced and may be helpful for those who wish to use it as a reference.

Califano gives welcome support to the need to focus on promoting health status, in contrast to our current preoccupation with illness and injury care. He recognizes the importance of maintaining the high quality of care and level of resources currently available in our complex system. But he also emphasizes that the system should have incentives designed to encourage innovation and research in disease prevention and health promotion. "Radical surgery" must begin with individual accountability, he maintains. The public must become better educated about the causes of disease and injury, the means of their preven-

tion, and the potential impact on the individual's quality of life. Acceptance of responsibility for one's own health, along with the involvement of the general public in the development of health policy, is critical to successful healthcare restructuring, Califano argues.

Although the book thoroughly ranks and describes the traditional risks to health, Califano also criticizes the loss of compassion and humanity in our treatment of patients. Intrusive regulations, fear of malpractice litigation, and the pressures of running a medical business have caused physicians to lose sight of their "sacred calling" to the profession, he claims. He establishes a strong case for restoring "touching," trust, and confidence to the system. He further advocates malpractice reform and suggests that the malpractice system be used to give physicians an incentive to practice prevention, to develop practice guidelines and standards of care, and to practice in a personal and caring manner.

The healthcare delivery system's heavy reliance on medications, Califano warns, encourages the perception that drugs will fix anything. This may lead to abuse of both prescription and illegal drugs, alcohol, and tobacco. Consequently, he spends an entire chapter on substance abuse and addiction, which he calls "Public Health Enemy Number One."

Califano dedicates another chapter to the need to bust so-called medical monopolies. He believes all providers, except nurses and paraprofessionals, are guilty of functioning like a monopoly to one extent or another. He also implicates his own legal profession, along with health insurers. In addition to breaking up the control and influence of these "monopolies," he recommends a three-tiered healthcare delivery system staffed first by a frontline of nurse practitioners, physician assistants, and nurse midwives in larger numbers and expanded roles. Primary care physicians, of which there are too few, would provide the second tier of coverage and supervise the first tier. The third level would be the traditional specialists and subspecial-

ists, whom he believes exist in adequate numbers but are necessary to support the other levels, especially in rural areas.

In a separate chapter Califano condemns his bureaucratic colleagues in Washington for their inability to resist the continuing pressure from the strong medical lobbying groups that make their profits from the care of the sick. He advocates reforming the manner in which campaigns are financed and eliminating congressional influence pedaling. If these reforms are not made, Califano believes that we will still be discussing the need for healthcare reform far into the twenty-first century.

Califano summarizes most of his recommendations in the 37 pages of the last chapter. He argues that comprehensive healthcare coverage with a minimum benefit package should be supplied by employers, including small businesses (with a phase-in period). Furthermore, employees should assume some personal risk, and managed care should be further studied for its effectiveness. Medicaid recipients, the unemployed, and the uninsured should be provided coverage through Medicare-type programs, he states. And we should assert our fundamental values and morality, resolve the ethics of birth and death issues, and control technological advances to ensure that they add value. He also emphasizes the need to avoid further bureaucratic regulations, since they will only worsen the situation.

Presumably, Califano has not read the Catholic Health Association's proposal for national health policy reform, since he makes no reference to it. Nevertheless, his basic recommendations are quite similar. Once one gets past his rhetoric and self-serving comments, much of what he says rings true today and warrants study by those who wish to better understand the problems of healthcare delivery, as well as those who want to become part of the solution.

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